

Marci Floyd
Weakley County Trustee
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WEAKLEY COUNTY TRUSTEE

P.O. Box 663
Dresden, TN 38225
(731) 364-3643

Authorization Agreement for Direct Payments (ACH Debits) of COUNTY Property Taxes

Name _____ Phone Number _____

Map/Parcel Number _____	Original Receipt # _____
Map/Parcel Number _____	Original Receipt # _____
Map/Parcel Number _____	Original Receipt # _____
Map/Parcel Number _____	Original Receipt # _____
Map/Parcel Number _____	Original Receipt # _____

I (we) hereby authorize the **WEAKLEY COUNTY TRUSTEE**, to initiate debit entries to my (our)

☐ Checking Account/ ☐ Savings Account (select one)

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY; and to debit the same to such account in the amount of a monthly payment or the full amount due depending on the option selected below.

- | | |
|--|---|
| <input type="checkbox"/> Monthly Payment (5 th day of Nov, Dec, Jan, Feb) | <input type="checkbox"/> Full Amount Due |
| <input type="checkbox"/> Monthly Payment (5 th day of March thru Feb) | <input type="checkbox"/> Nov. 5 th <input type="checkbox"/> Dec. 5 th |
| | <input type="checkbox"/> Jan. 5 th <input type="checkbox"/> Feb. 5 th |

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name _____
City _____ State, Zip _____
Routing Number _____ Account Number _____

Please attach a voided check.

It is your responsibility to notify the Weakley County Trustee of any changes to your bank or account number or if you sell this property.

This is to remain in full force and effect for this tax year and all future years until the Weakley County Trustee has received WRITTEN notification from me (or either of us) of its termination in such manner as to afford the Weakley County Trustee and the DEPOSITORY a reasonable opportunity to act on it. I understand that this does not relieve me (or either of us) of any increases in taxes. I understand that the payments will be adjusted accordingly based on the amount owed without any notification other than this document. Payments for future tax years will be adjusted the months of Nov. thru Feb.

Name (s) _____
Please Print

Date _____ Signature (s) _____

Note: Debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Please mail form to above address.